

# **SKILLS MANUAL**

## **CHAPTER TWELVE**

### **HEAD OF A FIRE DEPARTMENT**

**2019 Edition**

**EFFECTIVE October 24, 2019**



**Texas Commission on Fire Protection**  
P.O. Box 2286 Austin, Texas 78768-2286 (512) 936-3838

**TEXAS COMMISSION ON FIRE PROTECTION**  
**Head of a Fire Department**  
Performance Standards

**Injury Report Form-Skill Number 1**

Complete an Injury Report in FIDO

**STANDARDS REVIEW ASSIGNMENT**

**Section 1201**

**OBJECTIVE**

Complete an Injury Report in FIDO using the scenario provided below.

**INSTRUCTIONS - procedures for achieving the objective**

Using the information provided in the scenario below, complete an injury report in the FIDO system.

**SCENARIO: Single Family Dwelling Fire**

On July 21, 2019, Captain Earl Schneider (male, 52 years, full-time employee) was injured at a structure fire at 1000 Congress Avenue, Austin, TX 78701. He slipped and fell off the roof of the single-family home and hurt his shoulder. He was transported to the hospital where he was diagnosed with and treated for a fractured clavicle. Captain Schneider returned to work on August 17, 2019.

**PREPARATION & EQUIPMENT**

Local SOPs, if applicable

Computer with internet access

FIDO login credentials

**TEXAS COMMISSION ON FIRE PROTECTION**  
**Head of a Fire Department**  
Performance Standards

**Injury Reporting Guidelines**

1. Log in to FIDO using your personal user name and password.
2. Go to your department page by selecting the DEPARTMENT tab at the top of the page, then click on your department to select it.
3. Click the “Injury Reports” tab on the left side of the page. Then click the blue NEW INJURY REPORT button at the top of the page.
4. Optional: Watch the video tutorial titled “Creating an Injury Report” to see a quick demonstration.
5. Add the **Date of Incident** by clicking the calendar icon and then selecting the date of the incident (i.e. July 21, 2019).
6. **Incident Name** – this field is not required. Some departments choose to use the TXFIRS or NFIRS number in this field, or some other local designation per their SOPs. Do not enter the injured person’s name or any other information that could potentially identify the injured person. TCFP does not collect identifying information on the injured person.
7. Enter the **Street #** and **Street Name, City** and **Zip Code** in the appropriate fields.
8. **Incident Type** – use the drop-down menu to select the type of incident you are reporting.
9. **Incident Description** – in this field you can briefly describe the incident/injury that occurred. Please do not enter any information that could identify the injured individual. IMPORTANT – for this practice injury report, please be sure to type, in all caps: PRACTICE INJURY REPORT – PLEASE DELETE. This will ensure the report gets deleted and doesn’t skew any of the reporting statistics at the end of the year.
10. Click the green CREATE button. This will display the “Individuals” portion of the injury report, to be filled out next.
11. Click the green plus sign (+) on the right side of the screen to start entering the injured individual’s information.
12. Fill in the **Return to Work (If available)** dates, **Age, Gender** and **Work Status** fields.
13. Click any of the appropriate boxes, based on the injury scenario.
14. Use the drop-down menu to select the **Activity** and **Task** at time of injury.
15. Since there were no **Exposures**, you can skip the Exposures section.

**TEXAS COMMISSION ON FIRE PROTECTION**  
**Head of a Fire Department**  
Performance Standards

16. Click the green plus sign to the right of the **Injuries** section to categorize the injury using the drop-down menus provided. Once you've selected categories from the four drop-down menus, click the blue ADD button just underneath the body part category.
17. **Narrative** – if there is any other information about the injury you would like to add, you may add it here.
18. Click the blue ADD button to add the individual information to the injury report.
19. Review the information you've added. If you would like to make any edits, you can use the paper/pencil icon located to the right of the "Details" section to make changes to any of that information or use the paper/pencil icon next to the individual's age to edit the individual section.
20. Please make sure that you've entered the words PRACTICE INJURY REPORT – PLEASE DELETE in the description field before continuing.
21. If you made any edits, you will need to click the blue CHANGE button when you're finished.
22. Click the green SAVE button to save the injury report. Finally, click the blue SUBMIT button.



**TEXAS COMMISSION ON FIRE PROTECTION**  
**Head of a Fire Department**  
Standards Review Assignment

**Head of a Fire Department-Skill Number 2**  
Commission Members and Staff

**STANDARDS REVIEW ASSIGNMENT**

**Section 1201**

**OBJECTIVE**

Identify each of the members of the Texas Commission on Fire Protection and some key agency administrative staff members.

**INSTRUCTIONS - procedures for achieving the objective**

Using the form provided, identify each of the thirteen members of the Texas Commission on Fire Protection. Additionally, identify the staff members who currently hold the following positions: Executive Director, Compliance Manager, Certification and Professional Development Manager, Training Approval and Testing Supervisor, and the Compliance Officer for the regional office located nearest your department.

To identify Commissioners, go to: <https://www.tcfp.texas.gov/about/commissioners-and-committee-members>

To identify TCFP staff, go to: <https://www.tcfp.texas.gov/about/staff>

**PREPARATION & EQUIPMENT**

Computer with web access to TCFP website

**TEXAS COMMISSION ON FIRE PROTECTION**  
**Head of a Fire Department**  
Standards Review Assignment

Notes: \_\_\_\_\_

Candidate: \_\_\_\_\_

\_\_\_\_\_

Examiner: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

|   |  | TEST  |          | RETEST   |          |
|---|--|---|----------|----------|----------|
| <b>HOD Skill #2 – Identifying Commission Members and Staff</b>  |  | PASS  | FAIL     | PASS     | FAIL     |
| Identify each of the members of the Texas Commission on Fire Protection and some key agency administrative staff members. |  | <b>S</b>  | <b>U</b> | <b>S</b> | <b>U</b> |
| <b>Please identify the following:</b>   | <b>Enter your responses in this column</b> | (Leave these columns blank – to be filled in by your compliance officer.) |          |          |          |
| a) Presiding Officer for TCFP   |  |   |          |          |          |
| b) Commissioner   |  |   |          |          |          |
| c) Commissioner   |  |   |          |          |          |
| d) Commissioner   |  |   |          |          |          |
| e) Commissioner   |  |   |          |          |          |
| f) Commissioner   |  |   |          |          |          |
| g) Commissioner   |  |   |          |          |          |
| h) Commissioner   |  |   |          |          |          |
| i) Commissioner   |  |   |          |          |          |
| j) Commissioner   |  |   |          |          |          |
| k) Commissioner   |  |   |          |          |          |
| l) Commissioner   |  |   |          |          |          |
| m) Commissioner   |  |   |          |          |          |
| n) TCFP Executive Director  |  |   |          |          |          |
| o) Compliance Manager   |  |   |          |          |          |
| p) Certification and Professional Development Manager   |  |   |          |          |          |
| q) Training Approval and Testing Supervisor   |  |   |          |          |          |
| r) Compliance Officer at nearest regional office  |  |   |          |          |          |

**TEXAS COMMISSION ON FIRE PROTECTION**  
**Head of a Fire Department**  
Standards Review Assignment

**Examiner/Candidate Comments:**

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**All steps of the skill objective are mandatory and must be scored as “Satisfactory” to pass the skill.**

\_\_\_\_\_  
Certifying Examiner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Re-Test Certifying Examiner

\_\_\_\_\_  
Date

|                                   |                               |
|-----------------------------------|-------------------------------|
| Overall Skill Sheet Score         |                               |
| Pass <input type="checkbox"/>     | Fail <input type="checkbox"/> |
| Overall Skill Sheet Re-Test Score |                               |
| Pass <input type="checkbox"/>     | Fail <input type="checkbox"/> |



**TEXAS COMMISSION ON FIRE PROTECTION**  
**Head of a Fire Department**  
Performance Standards  
**Head of a Fire Department-Skill Number 3**  
Arson Investigator Level Certification Requirements

**STANDARDS REVIEW ASSIGNMENT**

**Section 1201**

**OBJECTIVE**

Identify requirements for Arson Investigation Personnel as outlined in TCFP's *Standards Manual for Fire Protection Personnel*, Chapter 431 "Fire Investigation."

**INSTRUCTIONS - procedures for achieving the objective**

Using the TCFP website as a reference, complete the information in the spaces provided on the following page by identifying the requirements for Arson Investigation Personnel.

**PREPARATION & EQUIPMENT**

Computer and web access to the TCFP website

**TEXAS COMMISSION ON FIRE PROTECTION**  
**Head of a Fire Department**  
Performance Standards

**Head of a Fire Department-Skill Number 4**  
Master Level Certification Requirements

**STANDARDS REVIEW ASSIGNMENT**

**Section 1201**

**OBJECTIVE**

Identify the requirements for Master Structure Fire Protection Personnel as outlined in TCFP's *Standards Manual for Fire Protection Personnel*, Chapter 423 "Fire Suppression."

**INSTRUCTIONS - procedures for achieving the objective**

Using the TCFP website as a reference, identify the requirements for Master Structural Fire Protection Personnel in the spaces provided in the following chart.

**PREPARATION & EQUIPMENT**

Computer and web access to the TCFP website

**TEXAS COMMISSION ON FIRE PROTECTION**  
**Head of a Fire Department**  
 Performance Standards

Notes: \_\_\_\_\_

Candidate: \_\_\_\_\_

\_\_\_\_\_

Examiner: \_\_\_\_\_

\_\_\_\_\_

|  |  | <u>TEST</u>   |             | <u>RETEST</u> |             |
|--|--|---|-------------|---------------|-------------|
| <b>HOD Skill #4 – Master Structural Fire Protection Personnel Requirements</b>   |  | <b>PASS</b>   | <b>FAIL</b> | <b>PASS</b>   | <b>FAIL</b> |
| Identify requirements for Master Structure Fire Protection Personnel as outlined in TCFP's <i>Standards Manual for Fire Protection Personnel</i> , Chapter 423 "Fire Suppression." |  | <b>S</b>  | <b>U</b>    | <b>S</b>      | <b>U</b>    |
| <b>Please identify the following:</b>  | <b>Enter your responses in this column</b> | (Leave these columns blank – to be filled in by your compliance officer.) |             |               |             |
| v) Prerequisite level of certification   |  |   |             |               |             |
| w) Number of years of fire protection experience   |  |   |             |               |             |
| x) Number of college semester hours  |  |   |             |               |             |
| y) Number of college semester hours in fire science subjects   |  |   |             |               |             |
| z) Acceptable degree in lieu of college semester hours   |  |   |             |               |             |

**Examiner/Candidate Comments:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**All steps of the skill objective are mandatory and must be scored as "Satisfactory" to pass the skill.**

**TEXAS COMMISSION ON FIRE PROTECTION**  
**Head of a Fire Department**  
 Performance Standards

\_\_\_\_\_  
 Certifying Examiner

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Re-Test Certifying Examiner

\_\_\_\_\_  
 Date

|                                   |                               |
|-----------------------------------|-------------------------------|
| Overall Skill Sheet Score         |                               |
| Pass <input type="checkbox"/>     | Fail <input type="checkbox"/> |
| Overall Skill Sheet Re-Test Score |                               |
| Pass <input type="checkbox"/>     | Fail <input type="checkbox"/> |

Notes: \_\_\_\_\_

Candidate: \_\_\_\_\_

Examiner: \_\_\_\_\_

|   |  | <u>TEST</u>   |             | <u>RETEST</u> |             |
|---|--|---|-------------|---------------|-------------|
| <b>HOD Skill #3 – Arson Investigation Personnel Requirements</b>  |  | <b>PASS</b>   | <b>FAIL</b> | <b>PASS</b>   | <b>FAIL</b> |
| Identify requirements for Arson Investigation Personnel as outlined in TCFP’s <i>Standards Manual for Fire Protection Personnel</i> , Chapter 431 “Fire Investigation.” |  | <b>S</b>  | <b>U</b>    | <b>S</b>      | <b>U</b>    |
| <b>Please identify:</b>   | <b>Enter your responses in this column</b> | (Leave these columns blank – to be filled in by your compliance officer.) |             |               |             |
| aa) Certification time frame from the date of initial appointment as Arson Investigation personnel  |  |   |             |               |             |
| bb) Training program requirement  |  |   |             |               |             |
| cc) Additional state license requirement for certification  |  |   |             |               |             |

